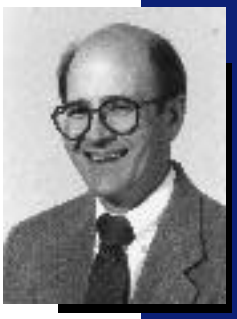
Department of Veterans Affairs

Prevention Notes

From the Director's Desk

Over the past few months the staff of the NCHP have devoted substantial effort to a project proposed by the Under Secretary for Health. In a December 1996 memorandum to the NCHP Director, Dr. Kenneth Kizer described how the new VA will emphasize preventive medicine. He called upon the NCHP to create a plan to optimize the function of each individual who enrolls for care with Veterans Health Affairs (VHA) programs.

Dr. Kizer's proposal stimulated a broad review by headquarters, network and field staff that focused on several important concepts. Today's health care environment extends beyond simply responding when illness occurs. Primary care offers pro-active continuous and comprehensive programs. Among those services, health promotion and disease prevention have great appeal. Scientific evidence now provides a basis for selecting strategies that are proven capable of reducing morbidity and mortality for the veteran. VHAprograms must have a means to make those strategies readily available and must help and encourage the veteran to apply them.



Reorganization within the VHAhas resulted in a fundamental change in the way we do business. Services formerly organized by specialty have combined into product lines. Primary care clinicians now coordinate services and secure veteran access to specialty care. Facility-focused programs are being recast to offer services for an entire region. Headquarters leaders who formerly directed specialty care activities nationwide now provide consultation to Network and facility staff. Finding ways to assure that health promotion and disease prevention opportunities are available for veterans in this rapidly changing environment is a challenge.

In response, the NCHPhas proposed a new initiative entitled "Healthy Veterans 2003." Based on principles pioneered by the Public Health Service endeavor of similar name, this initiative seeks to assist the veteran in achieving optimum function through application of evidence-based strategies. The NCHP in consultation with the Networks will provide the goals and measurement system. Examples of "best practices" will provide models of successful approaches. The NCHP will design education materials for use in a variety of settings for both veteran and for staff. There will be training opportunities to enhance clinician skills.

Included in this initiative, is an examination by the NCHP staff of the role of functional assessment in a comprehensive program of health promotion. Health Hazard Appraisal questionnaires will also be considered as will formal exercise programs. There are many other strategies waiting to be examined as well. The initiative will benefit from advice provided by advisory representatives from headquarters, network and the community. Each perspective has much to offer and each will have a forum in which to contribute. The NCHP staff are enthusiastic that this endeavor is getting underway at a time when rapid change has brought unusual opportunity. The VA "Healthy Veterans 2003" initiative will advance the opportunity for veterans to join in partnership with clinicians to seek their best possible function.

Robert J. Sullivan Jr., MD, MPH
Director
National Center for Health Promotion
and Disease Prevention

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National Center For
NCHP
HEALTH PROMOTION

Editor's Note

Summer Greetings!

We have had several requests for a transcript of the March 4 Preventive Medicine Program Coordinator national conference call. 115 (75%) were on line and although this is our preference, we understand that circumstances can interfere. For the benefit of those unable to call in, the following synopsis is offered.

Lois Katz, Chairman of the Preventive Medicine Field Advisory Group (PMFAG) moderated the call. In December, 1996, Dr. Russ Wolf stepped down as Chair of the PMFAG after serving in that capacity since April, 1995. Dr. Wolf was thanked for his years of dedication to the cause of promoting health among our veterans. Dr. Katz, ACOS for Ambulatory Care, Manhattan VA assumed the chairmanship of the advisory group in January of this year. A special welcome was extended to the newest member of the committee, Dr. Anne Joseph, Staff Physician at the Minneapolis VA.

Mildred Eichinger, Clinical Program Manager, Primary/Ambulatory Care solicited applications for the Innovations III publication being developed regarding best practices in prevention following the format of the previous two publications in Ambulatory Care. About 60 applications have been received. Address questions about this project to Dorothy Gagnier at the NCHP. Ms. Eichinger also mentioned that the Special Health Initiative for 1998 is Reduction of Alcohol Abuse and Problem Drinking. A document is being developed and will be distributed to the field later this year.

Smoking Cessation:

Dr. Linda Ferry mentioned that the tobacco use special initiative was distributed in October and provides guidelines from the Agency for Health Care Policy and Research (AHCPR). The initiative encourages every VA to find some way to improve delivery of care to patients regarding smoking cessation activities. Dr. Ferry also reported that HSR&D has incorporated AHCPR guidelines into its solicitations for health research initiatives. Medical centers interested in participating in studies may contact either the HSR&D, Headquarters or NCHP for more information. Dr. Ferry is also soliciting information on successful strategies in smoking cessation operative at VA medical centers for a program guide she is developing. Interested persons may contact her at the Loma Linda VA.

Colorectal Cancerand Mammography Screening

Dr. Don Belcher provided an update on screening for colorectal and breast cancer. Since it has been proven that fecal occult blood testing can reduce the death rate from colorectal cancer it is now recommended that this test be administered annually to individuals over age 50. Incidence of colorectal cancer doubles after age 50 and studies indicate that benefits from cancer screening begin to emerge after 5-10 years when survival rates begin to improve. Unless a patient has a five year life expectancy however, it does not make sense to do cancer screening. Sigmoidoscopy is helpful as well but is a procedure that many patients will decline. Women's health programs need to include colorectal screening since the incidence of cancer is as frequent in women as it is in men. Expert panel recommendations can be found in *Gastroenterology*, February, 1997, vol. 112, pp. 594 ff.
Although the debate around mammography screening continues, the recommendations are the same as stated in the VHA Guidelines and the US *Preventive Services Task Force Guide to Clinical Preventive Services, 1996.* The recommendation is for women who are average risk individuals to have mammograms every two years from age 50 - 70. The controversy surrounding the 40 - 49 female age group relates to two basic issues: the number of lives actually saved through annual screening and the number of false positives resulting from the tests. In the meantime, the focus should be on the 50 - 70 year old age group, those women who will benefit most from mammography screenings.

Reduction of Alcohol Abuse and Problem Drinking

Dr. Louise Pinson discussed briefly the new initiative for FY1998. Preventive Medicine Program Coordinators will be asked to work with substance abuse counselors in the field for both initial and further screening and testing in identifying problem drinkers. The special initiative document is currently being reviewed and will be distributed to the field later this year.

NCHPUpdate

Dr. Rob Sullivan, NCHPDirector commented on Dr. Kizer's information letter of January 8, 1997. (*Information Letter-97-110*) regarding prostate cancer. Some controversy arises out of the recent Agent Orange investigations. The Institute of Medicine of the National Academy of Sciences released a report called *Veterans and Agent Orange: Update 1996* and concluded that there is little evidence linking exposure to herbicides in Vietnam and the development of prostate cancer. The VA, after carefully considering its position on prostate cancer and looking into many studies, has concluded that there is credible evidence to make prostate cancer a service-connected disability. Dr. Kizer's letter clarifies that digital rectal examination has limited sensitivity and specificity as a screening test for prostate cancer. There is also evidence that early therapy for prostate cancer might be harmful. The letter provides a balanced view of the current status of prostate cancer screening and concludes that it should be available if the veteran wants it following a careful discussion with the clinician. Dr. Sullivan also mentioned the VHA national video conference on prostate cancer broadcast May 9. Contact your local VA Library for a copy of this tape.

Dr. Sullivan also mentioned the availability of a recent NCHPpublication describing the VA health promotion program entitled the *Preventive Medicine Program Information Bulletin IB 11-89* which has been distributed to medical center directors, facility libraries and individual PMPCs. Let us know if you did not receive your copy.

Annual Report

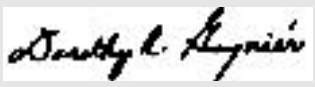
Each facility is required to submit an annual report on the status of preventive medicine services provided for veterans. The data are used for a national report to Congress. Since PCE software implementation is incomplete the NCHPwill again rely upon a form which is filled out by facility staff. The NCHPstaff continue to work on issues such as collating national data and how best to capture evaluation and management codes involved in daily clinical care. Once the PCE software with reminder system is in place, reporting will become much easier.

Veterans Health Survey

Dr. Larry Branch provided information on the Veterans Health Survey being conducted at 153 VA Medical Centers defined in the study as SRUs (statistical reporting units). Services received outside of the VA are also be reported. (See Veterans Health Survey, page 3)

Next PMPC conference call will be October7, 1997 from 1:00 - 1:50 pm EDT. Call 1 800-767-1750.

As always, we are interested in publishing information that will be helpful to you. Let us know either by calling or e-mailing Dorothy Gagnier at "**drg@geri.duke.edu**" or through **Forum; I** can also be reached at **FTS 671-5880 Ext. 226** or **COM 919/416-5880 Ext. 226.**



Newsletter Editor
Dorothy R. Gagnier, Ph.D.
Assistant Director, Education
National Center for Health Promotion and Disease Prevention

Prevention Research News

DHHS'LATEST REPORT ON PREVENTION: HEALTHY PEOPLE 2000 REVIEW, 1995-96

The Healthy People 2000 Review, 1995-96, is the fourth and latest in a series of profiles tracking the year 2000 national health promotion and disease prevention objectives. The report was compiled by the National Center for Health Statistics, Centers for Disease Control and Prevention. *Healthy People 2000 Review* provides annual tracking data, if available, for all 319 main objectives throughout the 1990s. The report also displays priority area progress in special population groups at increased risk of disease, injury or disability.

Progress is shown in almost half of the objectives. About a third of the objectives have annual data from which to evaluate progress. The progress of over a fourth of the objectives remains difficult to evaluate because data are not available to assess the movement in the measure. Data are available for 5 of the 8 clinical preventive services objectives to assess trends toward meeting the year 2000 targets. Objectives 21.1, 21.3, 21.4 and 21.8 relate organizational structures which improve the overall delivery of prevention, and objective 21.2 relates to the number of individuals receiving clinical preventive services. Data show progress toward achieving the year 2000 targets for two preventive services objectives: Objective 21.3: Increase to at least 95% the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care; and Objective 21.8: Increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to members of underrepresented racial and ethnic minority groups. For two other preventive services objectives, trends are moving away from the year 2000 targets: Objective 21.1: Increase years of healthy life to at least 65 years; and Objective 21.4: Improve financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. Trends are mixed for: Objective 21.2: Increase the proportion of people who have received selected clinical preventive screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U S. Preventive Services Task Force.

Afew other highlights from the report of particular interest to the work of the National Center for Health Promotion are:

- The priority areas showing the greatest progress toward meeting the objectives are heart disease, stroke, cancer, and unintentional injuries with more than 65% of the objectives in those areas showing progress.
- The age-adjusted death rate for coronary heart disease declined by 16% from 1987 to 1993. The death rate for stroke is down 12%. There has been improvement in the major risk factors for cardiovascular disease. The proportion of people who know their blood pressure has increased. Mean serum cholesterol level has dropped and there has been an increase in those who have their cholesterol measured.
- Overweight has increased from one-fourth to one-third of the adult population. More adults are taking part in moderate or vigorous physical activity but still a quarter of the population engage in no physical activity.
- Between 1987 and 1994 smoking prevalence for people 18 years and over declined from 33 to 27% among black people and from 24 to 20% among Hispanic people.
- Minority populations as a group demonstrate a similar degree of progress toward achieving the year 2000 targets as the overall population, however, they show a larger proportion with no progress or moving away from the target.

Copies of *Healthy People 2000 Review, 1995-96* may be obtained free-of-charge by calling the National Center for Health Statistics at 301-436-8500. The report also can be downloaded from the Internet **(http://www.cdc.gov/nchswww/products/pubs/pubd/hp2k/review/review.htm)**

Verona Hegarty, MB, MRCPI
Assistant Director, Research
National Center for Health Promotion and Disease Prevention

Veterans Health Survey

This column will be a heads up about some good news for the Network Directors, Facility Directors and the Preventive Medicine Program Coordinators (PMPCs). The NCHPwas able to obtain one-time funding to conduct a Veterans Health Survey in every VAMC reporting unit — including yours -with random samples of 300 men and 150 women who had received primary care during 1996. As of May 12, 1997, we had nearly 45,000 respondents who represented an adjusted response rate of over 68%. Thus we have reliable and valid samples for all VAMC reporting units.

Based on these samples, we will calculate the rates that male veterans and female veterans receiving primary care at your VAMC reported receiving the 13 core health promotion and disease prevention services specified in Handbook 1101. 8 as appropriate for all average risk individuals in the designated age and sex subgroups.

We anticipate preparing a short report (perhaps one or two pages of narrative and one to three pages of tables and figures) presenting the rates for your VAMC, your VISN, and for the VAas a whole. These reports will be sent to the Director of the VAMC, to the VISN Director, to Headquarters, to the Health Education Coordinator at your site, and to the PMPC. You can look to receive your report in early August. The focus of the report will be to compare your rates with the *Year 2000 Goals* provided in *Handbook 1101.8.*

With effort, every VAMC can reach the *Year 2000 Goals* adopted by the VA. We hope you will be pleased with your results.

Laurence G. Branch, Ph.D.
Associate Director
National Center for Health Promotion and Disease Prevention

Healthy Veterans 2003 Task Force

A task force formed to assist the NCHPin the development of a strategic plan requested by the Under Secretary for Health to encourage veterans to reach their maximum health potential met in Washington DC on April 25. Discussion centered on how existing health promotion and disease prevention activities already underway in VHAfacilities nationwide can be augmented and expanded. Eleven members attended the meeting.

In attendance were:
Margaret M. Baumann, MD, ACOS/Geriatrics, Chicago HealthCare System West Side; **Patricia Crosetti, MBA, MPA,** Director VISN #15; **Mildred Eichinger, RN, MPH,** Clinical Program Manager, Primary/Ambulatory Care, Headquarters; **Judy Feldman, MD,** Clinical Manager, VISN #4; **Lois Anne Katz, MD,**Chair, Preventive Medicine Field Advisory Group; **Kenneth Klotz, MD,** Chair, Ambulatory Care Field Advisory Group; **Robert Kolodner, MD,** Acting Chief, Information Office Business Enterprises, Solutions and Technologies, Headquarters; **Virginia Nodhturft, Ed.D., RN,** Nursing Service, Tampa VAMC; **Rose Mary Pries, MSPH, CHES,** National Coordinator for Patient Education; **Robert J. Sullivan, Jr., MD, MPH,** Director, National Center for Health Promotion; and **Debby J. Walder, RN,MSN,** QM Risk Management Director, Quality Management Office, Headquarters.

The deadline for submission of the plan to Dr. Kizer was June 30. Details of the plan will be shared with our readers at a later date.

VA Quit Smart Program

Be reasonable. Do it my way." **Don Davis, LCSW, (904)274-4600,** tells veterans enrolled in his QuitSmartTM Stop Smoking Class at the Daytona, FLOutpatient Clinic. Don's quote of a bumper sticker is his way of humorously telling the veterans that if they follow the QuitSmart program to the letter they will succeed in breaking free from cigarettes.

The Daytona Outpatient Clinic, as well as 40 other VA facilities, uses Robert Shipley's QuitSmart program. Dr. Shipley developed the QuitSmart program from the heart of tobacco country in Durham, NC where he is Chief of Psychology at the VAMC and Director of the Duke Medical Center Stop Smoking Program.

QuitSmart differs from other stop-smoking programs in its brevity (only three sessions), and in its emphasis on program elements that are attractive to smokers. "Smokers want hypnosis, drugs, and gadgets," says Dr. Shipley, "QuitSmart gives them all of these within a cognitive-behavioral coping skills philosophy."

The drug that Dr. Shipley refers to is the nicotine skin patch. To control costs for the patches and to motivate veterans to comply with the cognitive-behavioral aspects of the QuitSmart program, veterans must sign a contract agreeing to several things (including refraining from all smoking as of midnight of their quit date) before they can receive nicotine patches at VA expense. The contract assures that only those who are motivated to quit smoking receive the patch.

The class is so popular with veterans that VAMCs routinely have a waiting list. Don Davis'classes are booked for the next four months. At the Augusta, GA, **VAMC, William Nothan, Ph.D., (706)733-0188, X 6269**, reports a waiting list even though their QuitSmart classes treat about 700 veterans a year. Despite this, they are starting to advertise the clinics in local newspapers to let veterans know about the service (and to bring in "unique social security numbers" to the medical center).

Milton Nehrke, Ph.D., (607)776-2111, X 1405, reports that the Bath, NY VAMC has entered into a Shared Services Agreement with the Ira Davenport community hospital to provide QuitSmart classes at that hospital to their patients (for a fee). In return, the hospital provides the Bath VAMC with GYN and rape crisis services to female veterans.

The QuitSmart program was featured in the December, 1996 supplement to the *Federal Practitioner*. (Shipley, R.H. "AModel Quit Smoking Clinic" 13 (125), p 9-22). The article describes the QuitSmart program and presents outcome data from the **Buffalo, NY VAMC** where **Margaret Dundon, Ph.D., (716)834-9200,** found preliminary 6-month abstinence rates of 44%. These results are consistent with results found at the Durham VAMC, according to Dr. Shipley. The article also cites a recent study that found a 45% 6-month abstinence rate in non-VA subjects (Shipley, Westman, and Tomlin, presented these findings at the regional meeting of the Society of General Internal Medicine, New Orleans, 1997). These results are about double those produced by most multisession stop smoking programs.

For more information on the QuitSmart Stop Smoking Program at the VA, contact **Dr. Shipley, (919)286-6934,** or any of the other professionals mentioned in this article.

Gebhart Addresses Durham Seminar

Dr. Ron Gebhart, Chief Consultant, Primary/Ambulatory Care, Headquarters, addressed a gathering of health care professionals meeting in North Carolina recently to set priorities in prevention and managed care and discuss nutritional assessment of the elderly. Dr. Gebhart spoke about the impact of future health care trends on the Veterans Health Administration.

Dr. Gebhart described how changes in the VA parallel those in other health care organizations today. The need for change is fueled by two factors, cost and competition. Quoting from the VA's *Prescription for Change* document, he cited the increased emphasis within the VHAon quality of care, customer service, accountability and outcomes as driving forces in the process. Equally important in the process however, is the emphasis on prevention and community health. The VA receives about $16 - 17 billion per year for the health care of America's veterans and operates 173 medical centers, 390 clinics, cares for approximately 3 million patients a year and manages 30 million out -patient visits. At present, the VA provides services to 10 - 12% of the veteran population.

The mission of the new VA is to serve the needs of America's veterans by providing specialized care for service-connected and non-service connected low-income veterans. This is accomplished by providing primary care and social support services. The mission and goals of the VA can be distilled into excellence in health care values, service, education and research.

The VA spends a quarter of a million dollars each year on research which directly applies to the veteran population. In its research efforts the VA continues to focus on diseases that are common to veteran patients such as those related to geriatrics, diabetes, heart disease and COPD. The VA is also working on developing a baseline for measuring the functional status of patients.

In striving for excellence and integrity in its educational activities, the VA is attempting to determine if the content of its medical education is driven by its clinical delivery system. There is a need to educate the right people for the right job. The VA is currently renegotiating all of its academic affiliations with medical schools to ensure that these institutions understand what the VA's educational priorities are.

The one-day conference was sponsored by the Durham GRECC, the NCHPand the Durham Education Center.

NCHP Welcomes New Assistant Director

Mary B. Burdick, Ph.D., R.N., C.N.S. is the most recent addition to the NCHPleadership group. Dr. Burdick's master's degree is in Psychiatric and Mental Health Nursing. She holds a doctoral degree in Nursing Science with special emphasis on health promotion and is certified in both psychiatric and critical care nursing. Dr. Burdick brings research interests and leadership ability along with an enthusiasm for education of patients and staff alike. Recently, she completed an investigation of cardiovascular risk reduction in veterans. In addition, Mary is an accomplished clinician with a wealth of experience in diverse nursing specialty areas including cardiovascular disease, intensive care, cancer, psychiatric care and behavioral medicine providing her with a broad basis for dealing with issues in prevention. At the NCHP, Mary serves as the field liaison including network and facility Preventive Medicine Program Coordinators. Dr. Burdick contributes to the planning and development of clinical and educational program components and information systems to document the preventive services provided to veterans for the NCHPannual report to Congress.

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New Research Staff Member

John C. O'Donnell, MAhas recently joined the NCHPstaff as a Research health Science Specialist. Together with Dr. Verona Hegarty, Assistant Director, Research, he is currently examining the provision of health promotion services for veterans. John earned a Master's degree in Public Policy from the Nelson A. Rockefeller College of Public Affairs, University at Albany, State University of New York, and is currently enrolled in the Doctoral Program, Department of Health Policy and Administration, University of North Carolina at Chapel Hill. Prior to joining NCHP, John was Director of Data Management and Analysis at the VA Rehabilitation Services Research and Development Unit, Durham NC, where he also managed a five-year study of outpatient primary care for frail older veterans. John's research interests include health policy and aging, primary care, and outcomes management.

Enjoying the nutrition and wellness seminar are from left to right: **Connie Bales**, GRECC, **Larry Branch**, NCHP, **Dr. Gebhart**, **Carol Vollmer**, Durham Education Center and **Rob Sullivan**, NCHP

Center Staff Kudos

Robert J. Sullivan, M.D. , M.P.H. and Verona Hegarty, M.B., M.R.C.P.I., gave presentations at the recently convened Women Veterans Coordinators Conference: Fulfilling the Commitment, May 28-30 in San Antonio, Texas. Dr. Sullivan described "APractical Tracking System in a Preventive Medicine Program" while Dr. Hegarty spoke about the "Results of Nationwide Collection of Data on Women Veterans." The meeting was sponsored by the Birmingham Education Center in cooperation with the VA Office of Public Health and Environmental Hazards and the Office of Employee Education.

Dr. Sullivan also presented a poster session at the Fourteenth Annual National Preventive Medicine Meeting in Atlanta on "Veterans Health Survey Results Vs Healthy People 2000 Goals." The meeting was held March 20 - 23.

Laurence G. Branch, Ph.D., has been appointed as a member of the VA Spinal Cord Disability Registry Scientific Advisory Panel. Dr. Branch received the appointment last year.

Dr. Branch presented a lecture on health services research to the National Institute on Aging in Washington, DC in March; addressed long-term care policy issues with the Hughes/CARING Symposium in Atlantic City in May; presented a lecture on health services research to the Chicago Health Services Research Symposium in Chicago in January and lectured at Yale University on the same topic in May.

Donna Rabiner, Ph.D., has recently been appointed to the editorial board of the *Health Services Research Journal*.

National Coordinating Committee on Clinical Preventive Services

Dr. Sullivan joined Lois Katz, Chair of the Preventive Medicine Field Advisory Group, and Mildred Eichinger from the Primary and Ambulatory Care Office at a meeting of the National Coordinating Committee on Clinical Preventive Services (NCCCPS) convened at the National Institutes of Health on March 14, 1997. This organization provides a forum for the exchange of information among governmental programs with an interest in health promotion and disease prevention.

A long-standing project of the NCCCPS has been the development and implementation of the *Put Prevention into Practice Program*. The status of this endeavor was the subject of several presentations. Another topic of discussion was the plan to convene a third US Preventive Services Task Force and to release the results of their deliberations one chapter at a time on the World Wide Web. This would greatly reduce the interval between completion of work on a topic and publication. There was broad support for this plan.

The NCCCPS met on a biannual schedule in years past. A turnover in program leadership and budgetary limitations with associated staff reductions led to a one year hiatus in 1996-97. Future meetings remain uncertain although there is a consensus among participants and leadership that the exchange of information in this forum has great value.

ZYBAN Approved By FDA

The FDArecently announced approval of the first nicotine-free prescription medicine to assist people in quitting smoking. Uses of the drug laud its positive effects. In one study of smokers, 49 percent of Zyban users quit for a month vs. just 36 percent who used a nicotine patch. Another group of smokers used both the patch and Zyban and 58 percent were able to quit for a month. Glaxo-Welcome projects end of year sales to reach $3.5 million. Marketing plans besides the US have targeted Canada, British Columbia, Europe, Australia and Asia. The medication costs the smoker about $2.00 per day.

PMPC Data Base

We are continually updating the data base for the Preventive Medicine Program Coordinators. This information is particularly important in regard to the upcoming national training program. If the person in this role has changed since last February, contact **Mary Burdick, Assistant DirectorforFacility Liaison, FTS 671-5880 Ext. 227; COM 919/416-5880 Ext. 227.** Dr. Burdick may also be reached through the FORUM e-mail group.

Cessation Contemplation

A new innovation at the Bath VA medical center is called the Smoking Cessation Contemplator's Group. It is designed for those who are in the contemplation/preparation stage in quitting smoking and consists of persons not yet ready to commit to a formal smoking cessation class.

Veterans attend group meetings monthly for 1-1 1/2 hours. Program goals are to:1) determine the degree of addiction to nicotine; 2) review the pattern of the smoking habit; 3) discuss the rewards that come from smoking; 4) determine strategies that assist in smoking cessation for the type of tobacco used; 5) discuss the cost of smoking to society and oneself; 6) evaluate the myth vs. the reality of stopping smoking; and 7) describe a plan of action or how to enroll in the QuitSmart program.

Dr. Margaret Jenner developed the idea for the program. Groups are co-facilitated by **Gay Weaver, RN** and **Barbara Fowler, CCC-SLP** who also developed the materials for the course

For more information contact **Gay Weaver** or **Barbara Fowler** at **607/776-2111.**

Questions and Answers

As an information resource, the NCHPis pleased to respond to questions from preventive medicine coordinators and others. Address your questions to any member of out staff and look for responses in the next edition.

Q: Do we have to report preventive services for patients not enrolled in primary care?

A: No you do not. As described in *Handbook 11O1.8*, the veterans for which your team should assume responsibility are those with whom you have a primary care relationship. If your facility has initiated the enrollment process in primary care and maintained a listing of veterans that are considered currently enrolled (and who were enrolled during the reporting year), you may report based on this list. If you are using Stop Codes, you will need to select those representing primary care clinics at your facility.

Q: Reporting of counseling strategies in *Handbook 1101.8* requires identifying individuals who were asked about risky behaviors and offered counseling as appropriate. Are you asking us to report those we have both "asked" and "counseled" to receive credit for a strategy, or will either alone suffice?

A. In the future, our codes system will be sufficiently sophisticated to capture both items of information. For this year, however, we would like you to report those screened and we will assume that you have counseled them appropriately. If only those who actually received counseling are reported, no credit will be given for screening. This would underestimate your effort.

Q: Are the EPRPand NCHP reporting requirements for preventive services going to be consolidated?

A: The two programs have different agendas but related goals and will coexist rather than consolidate. The EPRPis operated by the Office of Performance and Quality. It spotlights areas needing attention which range across the spectrum of health care including several prevention issues. Community organizations that perform similar functions include the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Committee on Quality Assurance (CQA). The NCHP has a different purpose. It promulgates a comprehensive program of health promotion and disease prevention. Benchmarks of achievement are established and measurement systems provided. Education and promotional materials are also provided.

Q: Will the NCHP recommendation on clinicians providing counseling on seatbelt safety be dropped? Many clinicians feel this is not a medical issue.

A: The seatbelt counseling recommendation is being retained at this time. There is good evidence (according to the US Preventive Services Task Force) that encouraging seat-belt use saves lives. Accordingly it is included in the *Handbook 1101. 8* recommendations because of its proven value to reduce morbidity and mortality.

Q. When is the deadline for submitting the FY 1997 Annual Facility Report to the VA National Center for Health Promotion?

A: The report documents activities accomplished in FY1997. Accordingly, it takes a period of time following the termination of the year to wrap up the accounting process. The deadline for the report is TBA. (See "reminders" p.8).

Q: What is the status of the FY1996 Annual Report Data Collection?

A: Cholesterol and pap data is being collected by "patch" at each facility through the efforts of the Dallas IRMFO, the Austin Automation Center and the NCHP. Once this is complete, it will be combined into an annual report in July. The information will be made available to the field some time after that.

Q: Have the VA mammography recommendations changed? There has been considerable controversy in the literature on the need for screening women in their 40's.

A: No, the recommendations in *Handbook 1101.8* remain unchanged as of the publication of this newsletter. The NCHP and the Preventive Medicine Field Advisory Group are tracking developments, and may elect to change this recommendation as the situation warrants. Our newsletter and Prevention Research News will feature information if such a change is made.

Continued on page 8

(Continued from page 7)

Q: What do I need to know to start a Wellness Committee?

A: The most important element is that all interested parties should receive an invitation to participate in an organizational meeting. Getting interested people together to explore common interests and contributions, is the initial starting point. Having motivated participants may be as important as the achievements of the committee itself. Having a veteran involved along with the professional staff is vital to the committee's success. Checking with other facilities that have successful programs can also be helpful.

Q: How can I join the preventive medicine program coordinator (PMPC) mailgroup?

A: The PMPC mail-group membership is by self-enrollment. First you must have Forum access. You may contact your Chief of Information Resource Management to get set up if you experience difficulties. In addition, there is a central **HELP** number **(1 -800-596-HELP)** where you may call for assistance if obstacles cannot be overcome at your facility. New VA communication systems are currently under development that will make participation in mail groups even easier.

REMINDERS:

Data on the Special Initiative on Smoking Cessation is due to the NCHP on September 30. FAX your information to **Dr. Mary Burdick, FAX 919/416-5879.** The deadline for the **1997 Annual Report** data has not been set yet. This will be sent to you along with specific instructions for submitting the information at a later date.

National Training Program in New Orleans in September

Mark your calendars now for the second annual training program for Preventive Medicine Program Coordinators and Patient Health Educators which will be held September 9-11 at the Hyatt Regency, 500 Polydras Plaza, New Orleans LA. The title of the meeting is "Integrating Preventive Medicine and Health Education in Primary Care" and will continue to develop the work liaison in preventive medicine programming between PMPCs and PHECs successfully initiated at last year's meeting.

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Putting Prevention Into Practice in the VA

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